IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210526

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4628-30-8872

APPLICANT: Jim Kippy APPLICANT ADDRESS: 132 Mariner Pointe Ln. - Mrsol.

SITE ADDRESS: Same PHONE: 704-578-4951 ~~ALT. PHONE~~ Kathleen Saunders

SITE DIRECTIONS: 150 W, TL Mariner Point, on R

SUBDIVISION: Pinnacle Shores SECTION: 3 LOT # 4 LOT AREA: .78 AC DESIGN FLOW: 480 L.T.A.R.: .3 (.25R)

Septic Tank 1000 (gal) STB 160 Date 4-4-17
Pump Tank (gal) PT Date
Pump Make Model Serial # 300' min
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
No. Bedrooms 3 No. Persons No. Employees ☐ Crawl Space
Water Supply: ☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing

Comments / Conditions: 5/24/16 Reviewed Floor plans, in Compliance with Septic plan.

Note: Application for 3 Bedrooms, Only 300ft of drainline required Ins'd OK to move ST further away from house

INITIAL SITE SKETCH

See Plan From Kathleen Saunders

AS BUILT SKETCH

Installed as shown

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date: 6/2/15

IMPROVEMENT PERMIT by: APPROVED MAY 30 2015 Date:

AUTHORIZATION TO CONSTRUCT by: RS Date: 5/24/16

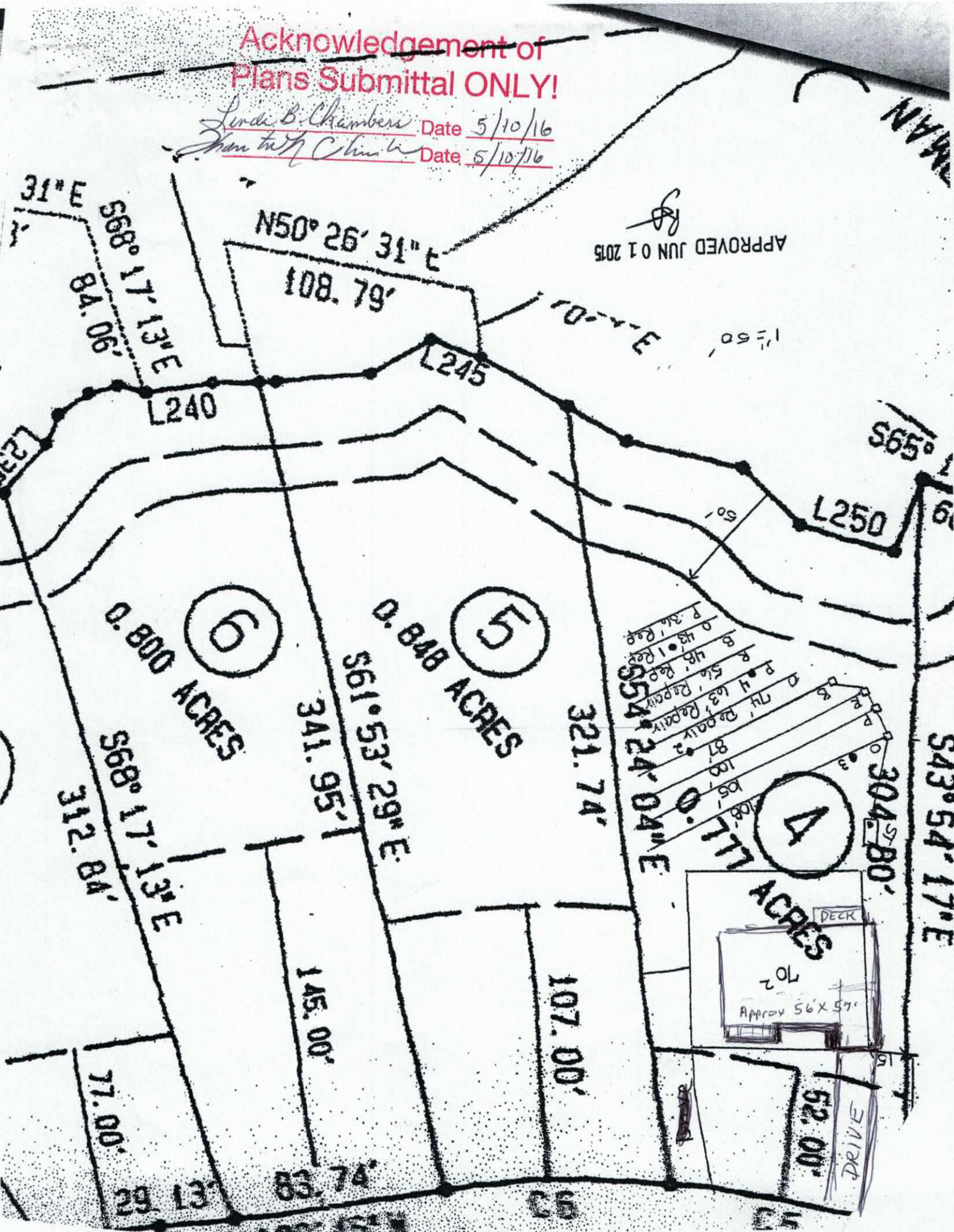
Installed by: Dewey w/ Maiden Grading

OPERATION PERMIT by: Date: 6-28-17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Acknowledgement of
Plans Submittal ONLY!
Lindi B. Chambers Date 5/10/16
Thomas W. Chambers Date 5/10/16



Lot 4 Pinnacle Shores Subdivision Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 (~~Per Existing Permit~~)**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	36 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	320
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	108 endfed
2	System	Pink	25% Reduction	105 endfed
3	System	Red	25% Reduction	100 endfed
4	System	Blue	25% Reduction	87 endfed
5	Repair	Orange	LP PPBPS	74
6	Repair	Pink	LP PPBPS	63
7	Repair	Red	LP PPBPS	56
8	Repair	Blue	LP PPBPS	48
9	Repair	Orange	LP PPBPS	43
10	Repair	Pink	LP PPBPS	36
				Total System: 400'
				Total Repair: 320'

Note:

APPROVED JUN 01 2015

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID:
Lot #: 4
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jim Rippy
Address: 132
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: Pinnacle #4

Applicant:
Date Evaluated: 5/4/15
Property Size: 0.777
Property Recorded:

Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [-] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L ~8%	0-4	Mo GR SL	FR ns/np	Br; Gravelly				0.25
		4-36	Mo SBK C	FR SS/SP	R; F/C yel Br				
		36-48	WK SBK C	FR SS/SP	R				
2	L	0-5	Mo GR SL	FR ns/np	Br				0.3
		5-31	Mo SBK C	FR SS/SP	R				
		31-50	WK SBK CL	FR SS/SP	R; F/C Sap				
3	L	0-5	Mo GR SL	FR ns/np	Br				0.3
		5-26	Mo SBK C	FR SS/P	R				
		26-50	WK SBK SCL	FR SS/SP	R; C Sap				
4	L	0-5	Mo GR SL	FR ns/np	Br				0.3
		5-24	Mo SBK C	FR SS/SP	R				
		24-36	WK SBK CL	↓	R; C Sap				
		36-60	MA L Sap		R Bx				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	PPBPS - LP
Site LTAR	0.3	0.25

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present: EH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: EH

APPROVED JUN 01 2015
BA

RECEIVED MAY 10 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ___✓Authorization To Construct ___ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Linda B Chambers	P.O. Box 1197 - Lincolnton, NC 28093	843-230-9645	843-245-6899
Thornton L & Linda Chambers (Owner Name)	P.O. Box 1197 Lincolnton, NC 28093	843-230-9645	843-245-6899

****

4. Property Information:

132 Mariner Pointe Lane (Street Address) Mooresville, NC — Pinnacle Shores (Subdivision Name) — Phase III - Lot # 4 (Section/Phase and Lot Number)

Driving Directions: _____

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?

( ) Yes ( ) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Linda B. Chambers — 5/10/16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

RECEIVED MAY 19 2015

Paid $ 350.00
#210526

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jim Rippy			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
same	Contact Kathleen Saunders, LSS		704-578-4951

4. **Property Information:**

132 Mariner Point Ln — **Street Address**
Pinnacle Shores — **Subdivision Name**
Lot 4 — **Section/Phase and Lot Number**

Driving Directions: Hwy 150 W, L Mariner Point Ln, on R

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** Kathleen Saunders — **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

5-13-15 — **DATE**

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, JAMES RIPPY, am the legal owner of the property located at 132 MARINER POINT LN, identified as PIN(Parcel Identification Number) 4628-30-3872.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ MAY 12-15
Signature of Owner Date

_____ May-12-15
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

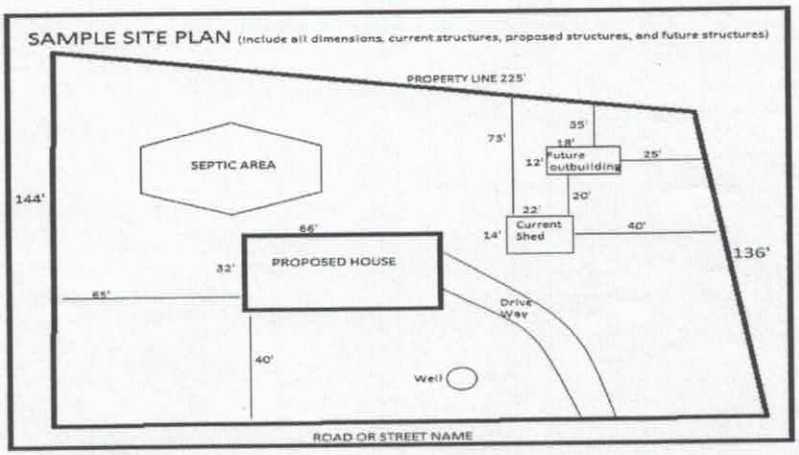
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attachment

Signature: [signature] 5-10-2016

REQUIRED **property owner or owner's legal representative signature.** **DATE**

C5
C6
83.74'
29.13'
77.00'
52.00'
Drive
15'
107.00'
145.00'
S68°17'13"E
312.84'
S43°54'17"E
304.80'
70²
Drive
4 ACRES
4
S54°24'04"E
321.74'
S91°53'29"E
341.95'
0.848 ACRES
5
0.800 ACRES
6
74' Repair
63' Repair
56' Repair
48' Rep
43' • 1 Rep
36' Rep
50'
L250
S65°
L240
L245
1"=50'
108.79'
N50°26'31"E
APPROVED JUN 0 1 2015
S68°17'13"E
84.06'
OMAN

HEADER SIZE AND JACK REQUIREMENTS		
SPAN	SIZE	NO. OF JACK STUDS
<2'-9"	(2) 2x4's	1
2'-10" thru 4'-0"	(2) 2x6's	1
4'-1" thru 5'-0"	(2) 2x8's	2
5'-1" thru 6'-2"	(2) 2x10's	3
6'-3" thru 7'-1"	(2) 2x12's	2
7'-2"<	SEE PLAN	SEE PLAN

WALL STUD REQUIREMENTS	
EXTERIOR WALL HIEGHT	STUD SIZE AND SPACING
H < 10'-0"	2x4 @ 16" o.c.
10'-0" < H < 11'-0"	2x4 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 18'-0"	CONSULT ENGINEER

TYP. HANGERS FOR JOIST & B

NOTE: ALL HANGERS BY SIMPSON STRONG TI
(BRAND-NAME EQUIVALENTS ACCEPTAB

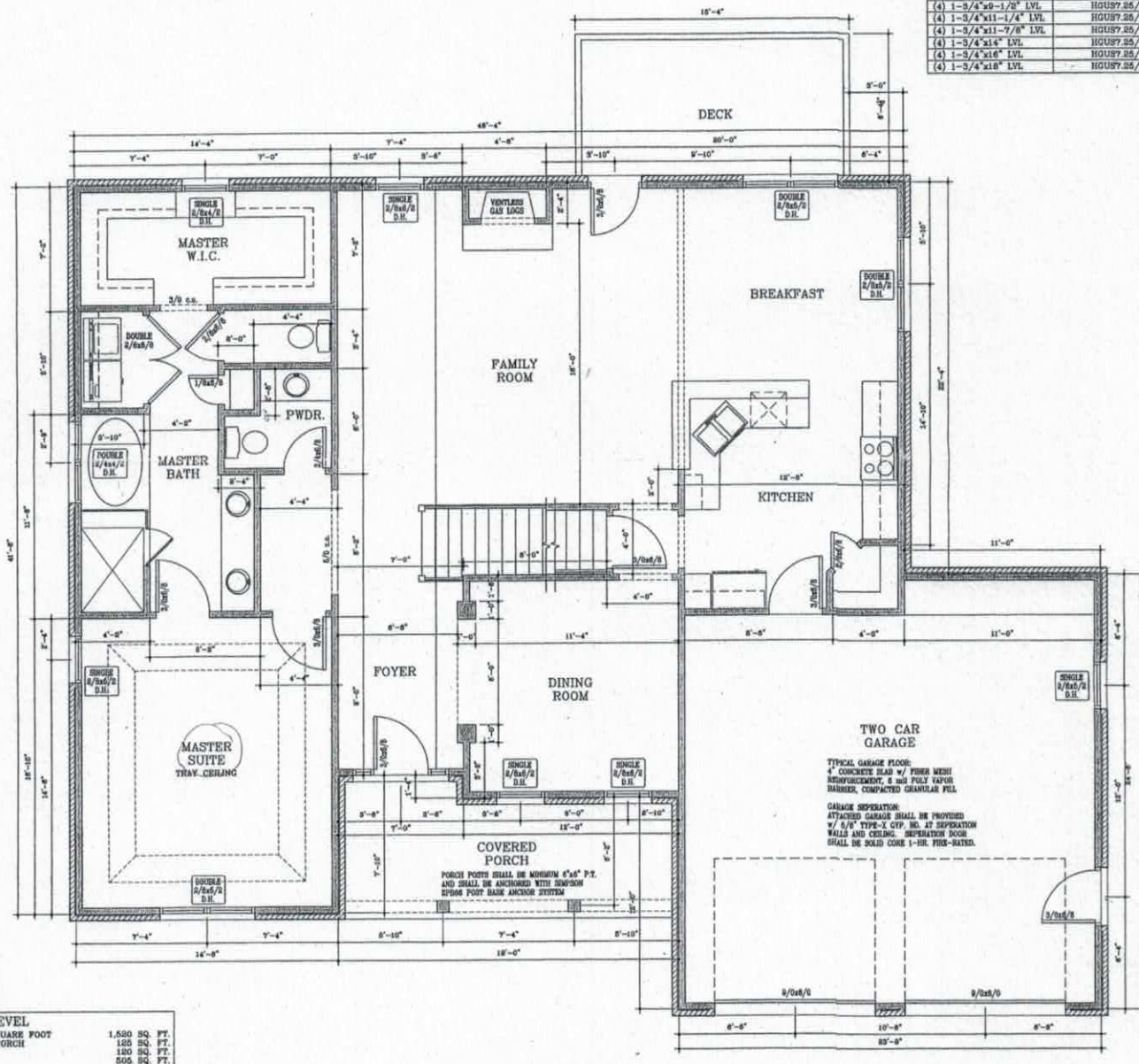
MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS210
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HU212-3 I
(2) 1-3/4"x9-1/4" LVL	HGUS410
(2) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-1/4" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS414
(2) 1-3/4"x18" LVL	HGUS414
(3) 1-3/4"x9-1/4" LVL	HGUS5.50/
(3) 1-3/4"x9-1/2" LVL	HGUS5.50/
(3) 1-3/4"x11-1/4" LVL	HGUS5.50/
(3) 1-3/4"x11-7/8" LVL	HGUS5.50/
(3) 1-3/4"x14" LVL	HGUS5.50/
(3) 1-3/4"x18" LVL	HGUS5.50/
(3) 1-3/4"x16" LVL	HGUS5.50/
(4) 1-3/4"x9-1/4" LVL	HGUS7.25/
(4) 1-3/4"x9-1/2" LVL	HGUS7.25/
(4) 1-3/4"x11-1/4" LVL	HGUS7.25/
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/
(4) 1-3/4"x14" LVL	HGUS7.25/
(4) 1-3/4"x16" LVL	HGUS7.25/
(4) 1-3/4"x18" LVL	HGUS7.25/

Acknowledgement of
Plans Submittal ONLY!

Lynda S Chambers Date 5/10/16

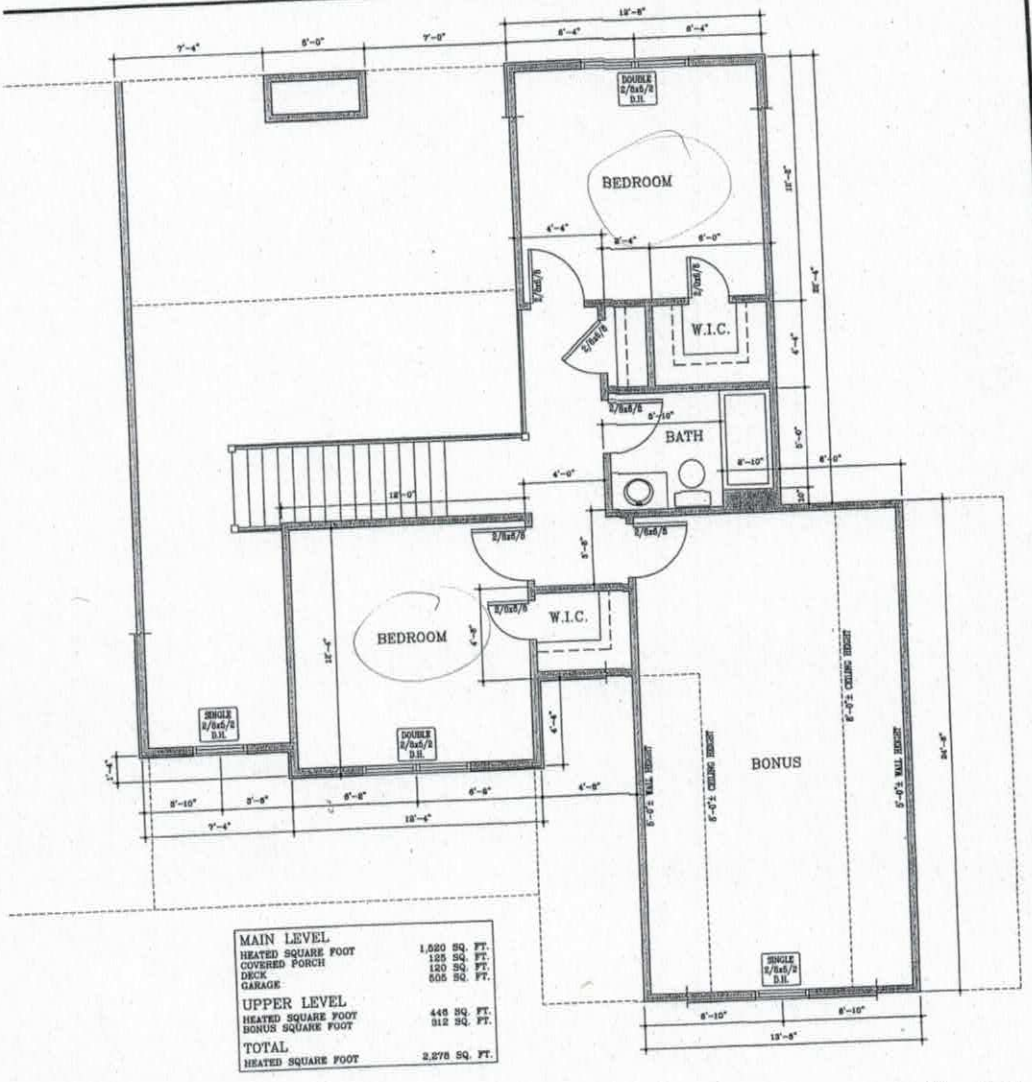
Date 5/10/16

Manor Dotson 5/24/16



LEVEL	
SQUARE FOOT	1,520 SQ. FT.
9 PORCH	125 SQ. FT.
	120 SQ. FT.
	505 SQ. FT.
R LEVEL	
SQUARE FOOT	446 SQ. FT.
SQUARE FOOT	312 SQ. FT.
SQUARE FOOT	2,276 SQ. FT.

101 / A1.0 LOWER LEVEL PLAN 1/4" = 1'-0"



MAIN LEVEL	
HEATED SQUARE FOOT	1,520 SQ. FT.
COVERED PORCH	125 SQ. FT.
DECK	120 SQ. FT.
GARAGE	505 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	446 SQ. FT.
BONUS SQUARE FOOT	312 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,278 SQ. FT.

101 / A1.1 UPPER LEVEL PLAN 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Linda B Chambers Date 5/10/16

Thomas W Chambers Date 5/10/16

Maria Dolson 5/21/16

MSJ DRAFTING
1871 POARCH ROAD
LINCOLNTON, NORTH CAROLINA
TELEPHONE (704) 732-3644
FAX (704) 736-1720

A NEW RESIDENCE FOR:

BUTCH AND LINDA CHAMBERS

NORTH CAROLINA

PROJECT NO.	CHAMBERS02
DATE:	MAY 4, 2015
DRAWN BY:	MSB
CHECKED BY:	MSB
REVISIONS:	
NO.	DATE: BY
COMPUTER REFERENCE NUMBER	CHAMBERS0201 .1ES
SHEET NO.	A1.1 OF 4

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
210526
Issue Date: 05/14/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4628308872.000	132 MARINER POINTE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RIPPY JAMES+JULIANNE KIM BOONE	Applicant: OAKS GROUP
Address: 195 GUDGER RD MOORESVILLE, NC 28117	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.780	35.00	15.00	15.00	50.00	CACL	AE

Remarks:

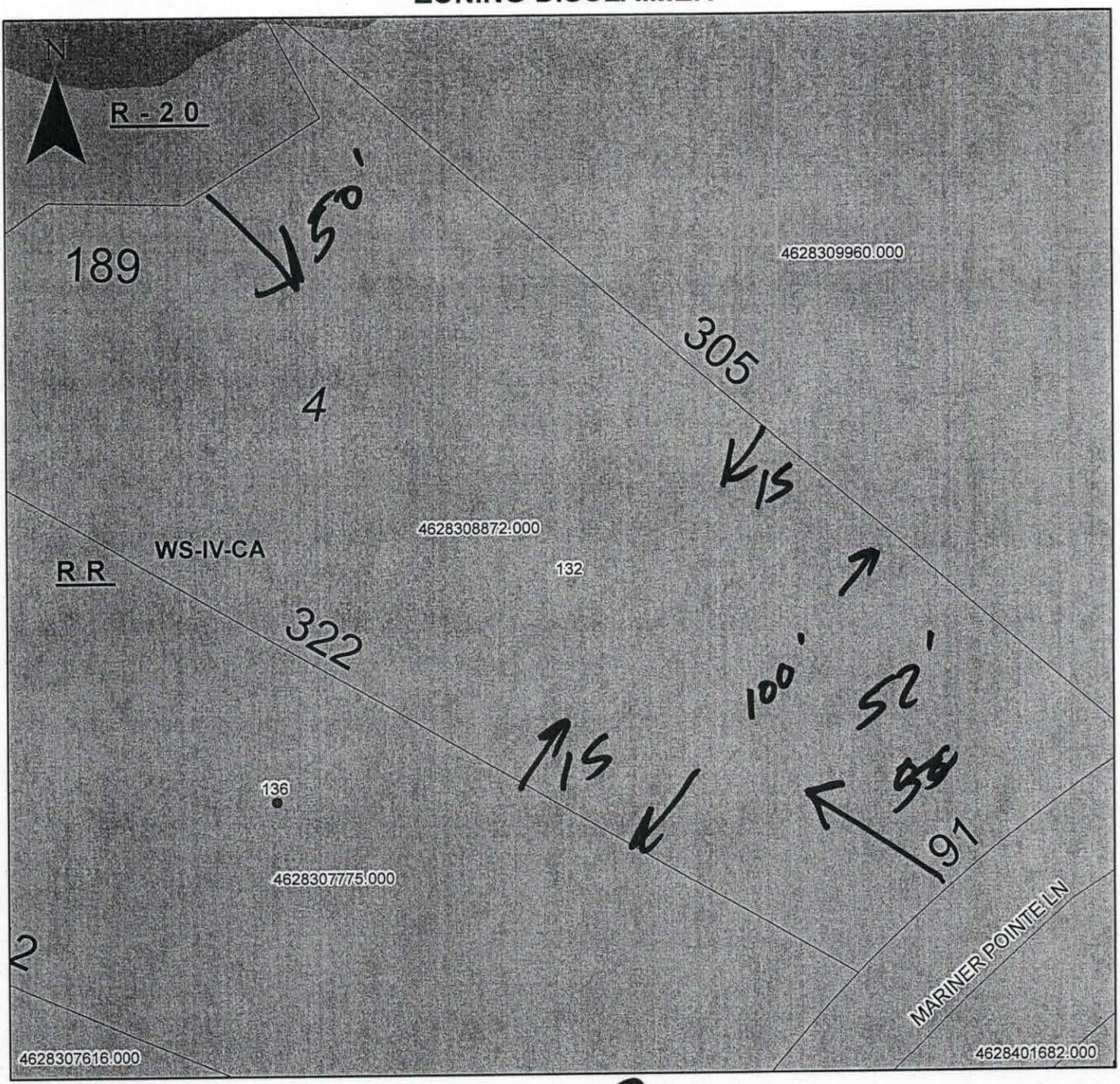
$ PAID

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: Kathleen Saunders Date: 5-14-15

Permit Number	38407	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 132 Mariner Point

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Kathleen Saunders

Applicant

5-14-15

Date